

**HOWISON & ARNOTT, L.L.P.**

A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

ATTORNEYS AT LAW  
PATENT AND TRADEMARK MATTERS

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November 21, 2005

CONFIRMATION SENT VIA FIRST CLASS MAIL  
YES \_\_\_\_\_ NO XNUMBER OF PAGES TO FOLLOW 12**FACSIMILE COVER SHEET**

**DATE:** November 21, 2005  
**TO:** Examiner:  
**COMPANY:** U. S. Patent Office  
**FAX NUMBER:** Centralized Fax: (571) 273-8300  
**FROM:** Howison & Arnott, L.L.P. (Gregory M. Howison)  
**OUR FILE :** PHL-24,739  
**SERIAL NO.:** 09/382,423  
**ATTACHED:** Trans Form (1); Fee Transmittal (1); Credit Card Form (1);  
Amendment (7); Extension (1); RCE (1).

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PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/382,423	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>NOV 21 2005</b>
	Filing Date	08/24/1999	
	First Named Inventor	PHILYAW, Jeffrey Jovan	
	Art Unit	2611	
	Examiner Name	BROWN, Rueben M.	
Total Number of Pages in This Submission	Attorney Docket Number	PHLY-24,739	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form; RCE
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Howison & Arnott, L.L.P.		
Signature			
Printed name	Gregory M. Howison		
Date	11/21/05	Reg. No.	30,646

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Gregory M. Howison
Date	11/21/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-04v2)

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**FEE TRANSMITTAL**  
**for FY 2005**

Effective 10/01/2004. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 905.00**Complete If Known**

Application Number	09/382,423
Filing Date	08/24/1999
First Named Inventor	PHILYAW, Jeffry Jovan
Examiner Name	BROWN, Rueben M.
Art Unit	2611
Attorney Docket No.	PHLY-24,739

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**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None☐ Deposit Account:

Deposit Account Number: 20-0780/PHLY-24,739

Deposit Account Name: Howison &amp; Arnott, L.L.P.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☐ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	360	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	180	2005	80	Provisional filing fee	

**SUBTOTAL (1)** (\$ -0-**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims		Extra Claims		Fee from below		Fee Paid	
Independent	Multiple Dependent	-20** =	-3** =	X	X		

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim, if not paid	
1204	88	2204	44	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

**SUBTOTAL (2)** (\$ -0-

\*\*or number previously paid, if greater. For Reissues, see above.

**FEE CALCULATION (continued)****3. ADDITIONAL FEES****Large Entity - Small Entity**

Fee Code (\$)		Fee Code (\$)		Fee Description	Fee Paid
1051	130	2051	65		
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920	1804	920	Requesting publication of SIR prior to Examiner action	
1805	1,840	1805	1,840	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	215	Extension for reply within second month	
1253	880	2253	490	Extension for reply within third month	510.00
1254	1,530	2254	765	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	480	2502	245	Design issue fee	
1503	680	2503	330	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.128(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.128(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	395.00
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify):

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$ 905.00**SUBMITTED BY**

Name (Print/Type): Gregory M. Howison

Registration No. 30,646  
(Attorney/Agent)

(Complete if applicable)

Telephone 972-680-6050

Signature:

Date: 11/21/05

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